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CONFIRMATION NO. 8496

Bib Data Sheet

SERIAL NUMBER 10764,230	FILING DATE 01/23/2004 RULE	CLASS 248	GROUP ART UNIT 3632	ATTORNEY DOCKET NO. D03-0264
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APPLICANTS

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** CONTINUING DATA *****

none *RON*

** FOREIGN APPLICATIONS *****

none *RON*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 2	TOTAL CLAIMS 185	INDEPENDENT CLAIMS 31
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

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TITLE

Mounting assembly for a waste discharge line of a medical treatment apparatus

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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